

LondonDeanery

GP Training Unit

GP TRAINER GUIDE TO ePORTFOLIO -

www.londondeanery.ac.uk



| | |
|--|-----------|
| Link & contact for queries | 3 |
| Why Do it? | 4 |
| The Role of the Educational Supervisor | 4 |
| The work of the Educational Supervisor begins a long time before the Educational Supervisor Review. The role of the Educational Supervisor includes:- | 4 |
| When to do the Educational Supervisor Review (ESR) | 5 |
| How to do it | 7 |
| <i>Organise the meetings</i> | 7 |
| What to do | 8 |
| <i>What to do on a Regular Basis</i> | 8 |
| <i>Accessing and assessing individual entries</i> | 11 |
| <i>Review the learning</i> | 13 |
| Preparation for the Educational Supervisor's Report | 14 |
| <i>Work Place Based Assessments</i> | 14 |
| <i>Summary Screen</i> | 16 |
| <i>Educator Notes</i> | 17 |
| Start the Educational Supervisor's Report | 18 |
| <i>Curriculum Coverage</i> | 19 |
| <i>Review the skills log</i> | 20 |
| <i>Personal Development Plan - PDP</i> | 22 |
| <i>Review of Trainee Self Ratings</i> | 24 |
| <i>Competency Ratings – the Educational Supervisor</i> | 25 |
| <i>The Final Stage of the Review – Finishing</i> | 28 |
| How to report the trainee who is giving rise for cause for concern | 31 |
| Who can carry out an assessment? | 32 |
| Quality Measurement of the Educational Supervisors Report | 33 |
| Part time trainees, Maternity leave and Out of Post reviews | 34 |
| Appendix 1 | 35 |
| <i>GMC Domains of Good Medical Practice</i> | 35 |
| Appendix 2 | 35 |
| <i>Checklist for ST1 and 2 trainees for prior to a panel:</i> | 35 |
| Appendix 3 | 36 |
| <i>Checklist for ST3 trainees for prior to a final panel:</i> | 36 |

LINK & CONTACT FOR QUERIES

www.londondeanery.ac.uk

GP Assessment Team email: eportfolio@londondeanery.ac.uk

WHY DO IT?

The Educational Supervisor's Report (ESR) is the cornerstone of the trainee's e-Portfolio. It is the single most important source of information for the ARCP (Annual Review of Competency Progression) panel and thus the most crucial contributing documentation towards the decision on whether a trainee is ultimately fit to be awarded the Certificate of Completion of Training (CCT).

The ESR has several purposes. One is the review of the trainee's progress. Other purposes are to:-

- Motivate and encourage the trainee
- Give realistic feedback based on evidence submitted
- Help prepare the trainee for the forthcoming 6 months
- Identify learning and other needs

One basic key message: The ESR can only be performed on an ePortfolio which is complete for that point in training. The ePortfolio is the trainee's responsibility. The ePortfolio is the method by which the trainee demonstrates they are progressing and becoming competent to be GPs at the end of *their* training. It is:

- *Their* evidence
- *Their* eaming
- *Their* ePortfolio,
- *Their* career.

THE ROLE OF THE EDUCATIONAL SUPERVISOR

THE WORK OF THE EDUCATIONAL SUPERVISOR BEGINS A LONG TIME BEFORE THE EDUCATIONAL SUPERVISOR REVIEW. THE ROLE OF THE EDUCATIONAL SUPERVISOR INCLUDES:-

- Mentorship
- Motivation
- Education Planning
- Regular Review
- Pastoral Support
- Educational Supervisor Report

and

- Super ~ vision

An Educational Supervisor should meet the trainee at the beginning, middle and end of each post to map out what is expected of the post, reconcile what is desired with what is happening and develop strategies to make sure everything is achieved. The Educational Supervisor should be looking at the context of the progress of the trainee towards becoming an independent practitioner as opposed to seeing them as a departmental junior. The Educational Supervisor should also be looking at how their current experience is preparing them to be a GP.

On an ongoing basis the Educational Supervisor should look at the trainee's learning log to check their progression, engagement with the ePortfolio and recognition of their learning needs.

WHEN TO DO THE EDUCATIONAL SUPERVISOR REVIEW (ESR)

- An ESR must be completed every 6 months.
- The **table here** is designed to try and help make things a bit clearer.
- Summer ESRs and ESRs preceding any ARCP (Annual Review of Competence Progression) panel for any reason will have a specific deadline.
- With winter ESRs there is more flexibility (mid-year ES Reviews).
- This can all get a little complicated and the following table is aimed to demonstrate those ESRs which, because of their imminent review by the Deanery, must be timed more crucially and those where because there will be no pro-active Deanery involvement *at that time*, there is some flexibility.
- The end of year ESR needs to be done prior to the panel date. The Deanery will determine the date by which the ESR must be completed and submitted and this date is normally 2 months ahead of the end of training year.
- The requirement for ESRs applies to all trainees, regardless whether or not the trainee is in training at the point of review. If a trainee is on maternity leave, or out of post at the point of review for any reason, an "Out of Post" review must be completed on the ePortfolio. There are more details about flexible, part-time trainees and trainees who have taken career breaks later in this document.

| Review point GRADE MONTH | + | Review by Deanery ARCP at time of completion | Completion date | Purpose |
|--------------------------------|--------------|--|----------------------------|---|
| 6 month | (ST1) | No | Flexible | Confirm satisfactory progress |
| 12 month | (ST1) | Yes | Directed by Deanery | Confirm satisfactory to progress to ST2 |
| 18 month | (ST2) | No | Flexible | Confirm satisfactory progress |
| 24 month | (ST2) | Yes | Directed by Deanery | Confirm satisfactory progress to progress to ST3 |
| 30 month | (ST3) | No | Flexible | Confirm satisfactory progress |
| 36 month | (ST3) | Yes | Directed by Deanery | Confirm satisfactory progress to CCT |

HOW TO DO IT

As with anything there are many stages. The first stage is to make sure you are fulfilling your work and obligations as Educational Supervisor. For all non-ST3 trainees in secondary care posts, trainers are paid £1000 per year (or pro rata) to do this work for each trainee they undertake to supervise. The Deanery recommendation is that for this remuneration you should meet with the trainee at least 6 times over the year, and each meeting should be at least an hour. By the time it comes to writing the report you should therefore have met with the trainee on at least two previous occasions, and come to know them as a person in addition to using their ePortfolio as a resource of reference material. Educational Supervision is serious work with a high level of responsibility. It is obligatory for those who undertake this work to do so seriously.

Organise the meetings

The general principle is that the ePortfolio and training are the trainee's responsibility and they must make sure everything is ready in time. Make sure you tell the trainee it is their responsibility to organise meetings, assessments and reviews with all their relevant educators, supervisors and assessors throughout their training. Make sure they know the onus is on them to make sure everything that needs to be done has been done and has been done on time.

Do not be surprised when this does not happen and do not be aghast at the idea that you may be required to nudge them into activity now and again. One thing the trainee must be made aware of is the need to organise any meetings with plenty of notice and negotiate the date, time and place of any meetings appropriately with all involved.

Meetings must be just that. Be they for assessment by a clinical supervisor or for review by the educational supervisor, the encounters must be direct meetings. It is totally unprofessional to carry out this work by email or telephone.

WHAT TO DO

What to do on a Regular Basis

Review the evidence

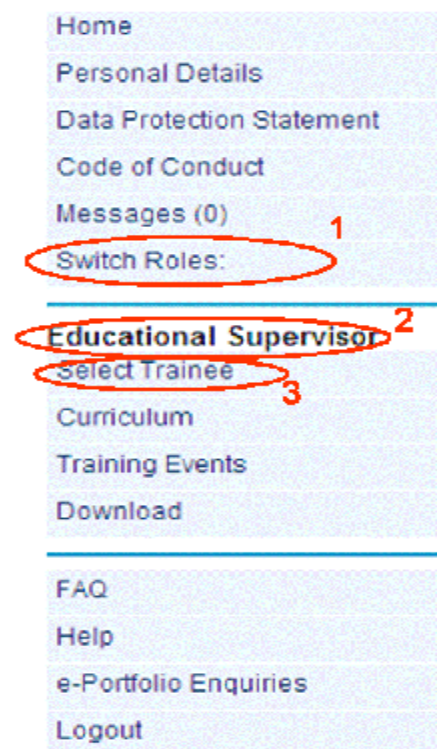
Reviewing evidence can be done either with the trainee or alone. There are arguments both ways. On the one hand, a trainee should be submitting evidence every week or even more frequently and it is good to keep an eye on what they are doing and get a general familiarity with how they are progressing. On the other hand we all have a lot of work to do and many times it is just not possible to fit everything in. On another hand (three hands now), to spend the review meeting merely sifting through internet screens can be at best tedious and at worst it can detract from necessary conversations.

The evidence the trainee has submitted on their ePortfolio is *their* evidence. They must provide the evidence to support their assertion that they have attained competence, in *each* of the competency areas. If the evidence is not there, it will be impossible to give an assessment that they have achieved competence. They must be made fully aware of this.

There are several parts to this, but first of all you must make sure you have logged on to the ePortfolio:-

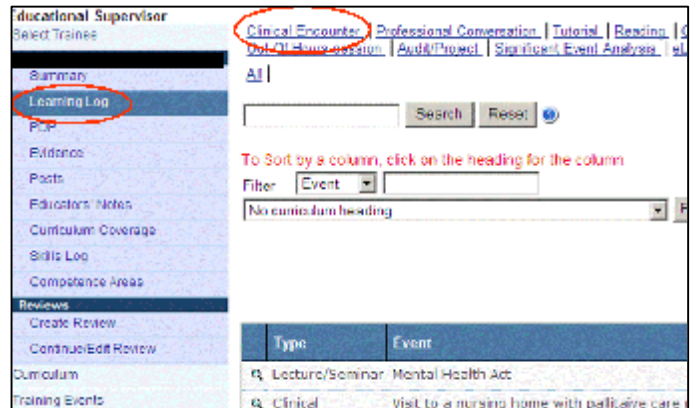
<https://eportfolio.rcgp.org.uk/Login.asp>

and then switch roles if necessary (1) and select your role as Educational Supervisor (2), finally here selecting the trainee(3).



Review the learning

The Learning Log should be relatively easy to find. One of the biggest debates centres around Learning Log entries. All national guidance sheets have deliberately avoided stating a minimum number of entries but it is acknowledged this lack of guidance can cause some anxiety. ARCP Panels in the London Deanery give adverse outcomes where Learning Log entries are either scanty or do not demonstrate reflective learning.



The majority, though not necessarily all learning log entries should be marked as being read and should have comments by the Educational Supervisor against them.

The learning is important. You need to know an awful lot to be a doctor and because we have done it for a while we can be in danger of losing track of just how much there is to learn.

Furthermore, the trainee should be becoming familiar with applying that knowledge and has to demonstrate this. This evidence will be included primarily in the learning log and to a lesser extent in the pass result of the AKT and CSA. Therefore learning logs must be present. Some of these entries will be merely documented accounts of courses. "I was at a lecture on menorrhagia guidelines" is evidence of attendance but not learning. Trainees will be asked to reflect on what they learnt, be it in a lecture, a course or a patient encounter and how this will impact changes on their practice in terms of method or attitude.

LONDON DEANERY has decided all trainees should submit Clinical Encounter Learning Log entries to average out, at least at one a week. This excludes other categories of documented learning, for instance out of hours entries or tutorials. The Clinical Encounter entries should demonstrate reflective learning.

LONDON DEANERY is concerned about child protection / safeguarding children, and requires all trainees show evidence of training here of accredited courses, either electronic or direct attendance to both Level 1 and Level 2 standard.

LONDON DEANERY will be asking Educational Supervisors to look for evidence of reflective learning when completing their reports. If this is absent, we will be asking Educational Supervisors to discuss this with their trainees.

Review the learning log entries

Trainees enter learning logs. When they do so, they can link entries to a relevant Curriculum Statement Heading. The trainee is also able to categorise the learning log entry.

Learning Log

All recorded activities

[Clinical Encounter](#) | [Professional Conversation](#) | [Tutorial](#) | [Reading](#) | [Course/Certificate](#) | [Lecture/Seminar](#) | [Out Of Hours session](#) | [Audit/Project](#) | [Significant Event Analysis](#) | [eLearning Session](#) | [All](#)

This is where you should be able to rapidly check that your trainee has undertaken:

- Out of Hours
- Significant event analysis
- Audit
- Coverage of all other categories.

Most undertake the task of linking their learning entries to curriculum coverage diligently. Some trainees do however make a large number of links against single short learning log entries, and even link the entry to areas of the curriculum when frankly there is no evidence whatsoever. This is inappropriate and should be identified as such to the trainee.

| | |
|---|---|
| <ul style="list-style-type: none">• Curriculum Statement Headings 2 The General Practice Consultation• Curriculum Statement Headings 3.1 Clinical Governance• Curriculum Statement Headings 3.2 Patient Safety• Curriculum Statement Headings 3.4 Promoting equality and valuing diversity• Curriculum Statement Headings 3.7 Teaching, Mentoring and Clinical Supervision• Curriculum Statement Headings 7 Care of Acutely Ill People• Curriculum Statement Headings 9 Care of Older Adults• Curriculum Statement Headings 10.1 Women's Health• Curriculum Statement Headings 10.2 Men's Health• Curriculum Statement Headings 12 Care of People with Cancer & Palliative Care• Curriculum Statement Headings 13 Care of People with Mental Health Problems• Curriculum Statement Headings 14 Care of people with Learning Disabilities• Curriculum Statement Headings 15.1 Cardiovascular problems• Curriculum Statement Headings 15.2 Digestive problems• Curriculum Statement Headings 15.3 Drug and Alcohol problems• Curriculum Statement Headings 15.4 ENT and facial problems• Curriculum Statement Headings 15.5 Eye problems• Curriculum Statement Headings 15.6 Metabolic Problems• Curriculum Statement Headings 15.7 Neurological problems• Curriculum Statement Headings 15.8 Respiratory problems | |
| Date | 03/06/2010 |
| What happened? | 16 year old boy with eczema presented to |
| What, if anything, happened subsequently? | I enquired about his skin condition, how long (nevertheless) how the condition, family history, school/work/sports/relationships. What was the answer to the above questions to the course of treatment. However I was not needed to undertake the condition for the nurses who explained what eczema is, how |
| What did you learn? | Gained a good understanding of the impact who is at school/relationship. I learned who it how to explain eczema to patients that they have dry skin and just to how breakdown of this barrier leads to condition to not be helped about course of |

As Educational Supervisor you should review these links and delete those links that are inappropriate. For example, in this case, you may feel there has been an overenthusiastic linking of curriculum coverage by the trainee.

We will be looking to see that the Educational Supervisor has been reasonable in supporting the links created by the trainee and has taken appropriate action where this does not appear to be the case.

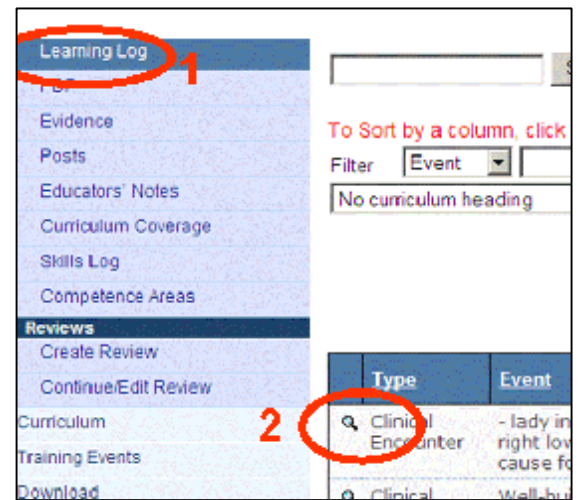
It is unlikely that a learning log entry will justify more than two or at the most three

curriculum linkages. Look at the thrust of the entry and link only to those curriculum headings which are at the focus of the entry not those peripheral aspects which are naturally encountered but which are not at the core of the learning experience.

When an ARCP panel feels linkage is inappropriate it may give an “unsatisfactory outcome” and hence ultimately certification may be delayed.

Accessing and assessing individual entries

To read learning log entries, find the “Learning Log” icon on the left side of the screen (1) and select an entry to read (2).

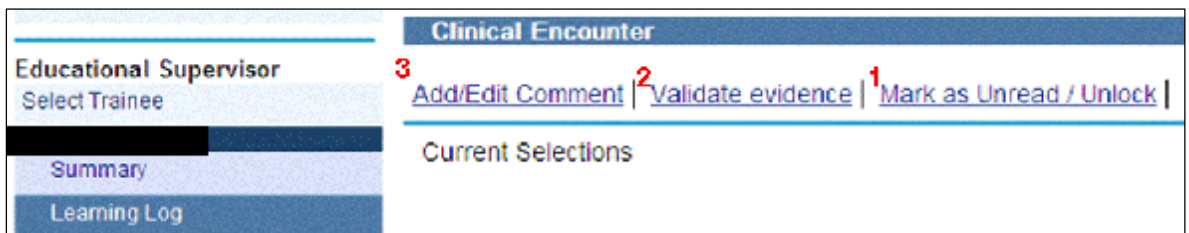


Having read the learning log entries, you need to:-

1. Acknowledge, or “mark” that you have read them
2. Link the learning to competencies where relevant: “Validate Evidence”
3. Add a comment

1 Mark as Read

To mark an entry as read, find the icon marked “1” in the screen shot below and simply click on it:-



2 Link learning to competency evidence “Validate evidence”

You can link entries to show that they demonstrate learning and progression towards competency in any of the competency areas, when relevant. Some educational supervisors get a little anxious here. This “linkage” does not mean you now think the trainee is totally competent within this competency. By clicking this link, you are saying there is some evidence provided by the trainee that they are progressing towards acquiring competence in a particular area and towards being totally competent at the end of their programme.

That decision on competency at the end of their programme will be dependent on the totality of their accumulated evidence, not single snippets of good (or sometimes weak) learning encounters. Make sure there is a justified linkage between the log entry and the competency you link this to. It is unlikely that a single entry, however vivid or lengthy, will demonstrate evidence of competency progression in more than two or at the most three competency areas. Some Educational Supervisors are occasionally over enthusiastic with their linkages and it is quite possible the ARCP panel may return an ePortfolio for revision of competency linkages where these are deemed overly generous.

It is quite possible in this sort of case that the ARCP panel may ask you to review your links.

Under these circumstances the outcome of the panel and hence certification will be delayed.



[Return to Log Entry](#)

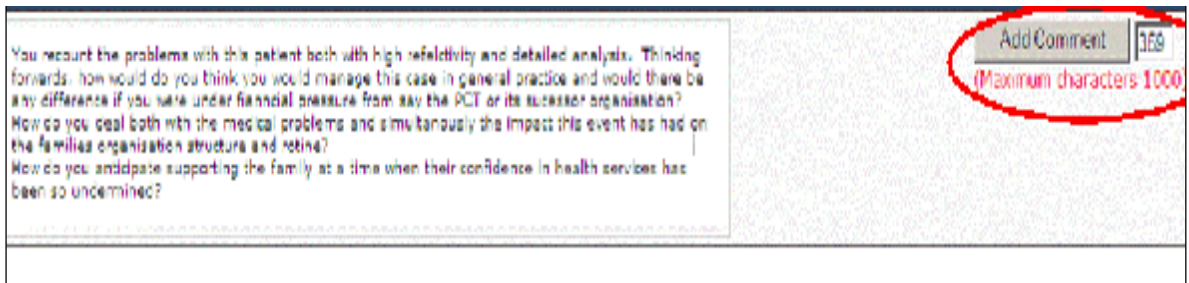
Current Selections : (click to remove)

- [Professional Competences 1: Communication and consultation skills](#)
- [Professional Competences 2: Practising holistically](#)
- [Professional Competences 3: Data gathering and interpretation](#)
- [Professional Competences 4: Making a diagnosis/decisions](#)
- [Professional Competences 5: Clinical management](#)
- [Professional Competences 6: Managing medical complexity](#)
- [Professional Competences 7: Primary care admin and IMT](#)
- [Professional Competences 8: Working with colleagues and in teams](#)
- [Professional Competences 9: Community orientation](#)
- [Professional Competences 10: Maintaining performance, learning and lead](#)
- [Professional Competences 11: Maintaining an ethical approach](#)
- [Professional Competences 12: Fitness to practise](#)
- [Curriculum Statement Headings 3.3: Ethics and Values Based Medicine](#)
- [Curriculum Statement Headings 12: Care of People with Cancer & Palliative](#)
- [Curriculum Statement Headings 13: Care of People with Mental Health Prob](#)

Professional Competences

3 Add a comment

Comments can be of your choosing. The London Deanery recommends, where possible, comments should complement the learning and be thought provoking to the trainee.

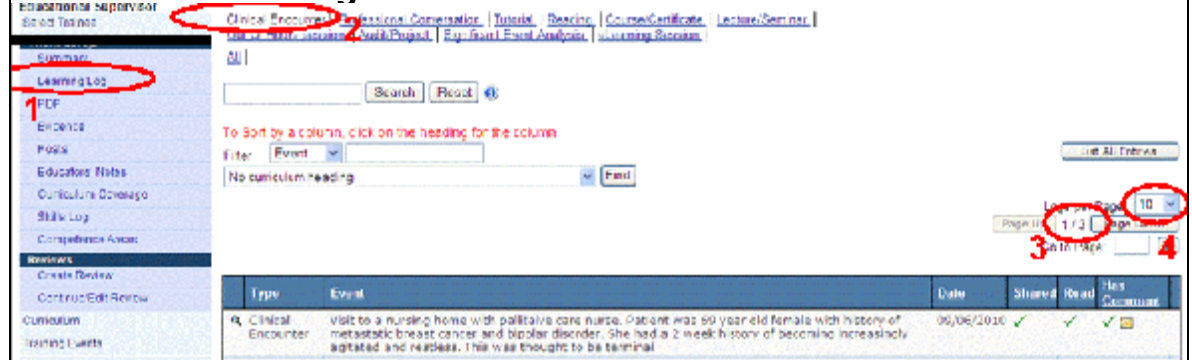


Do not forget to save the comment by clicking the “Add Comment” icon.

The London Deanery anticipates Educational Supervisors will read and comment on the overwhelming majority of Clinical Encounter Learning Log Entries.

The London Deanery anticipates Educational Supervisors will verify that Out of Hours and Audit entries as being true reflections of the work and experience the trainee has undergone.

Review the learning



Firstly, find the “Learning Log” icon on your trainee’s ePortfolio (1). Next select “Clinical Encounter” (2). This will filter exclusively this type of entry and on the right side of the screen you will have the total number of pages of entries in this category (3) and the total number of pages in this category (4). Multiplication should take you to within a hare’s breadth of the total number calculation. For those trainees who have only just scraped enough pages of entries it is a good idea to look at the last of these pages and see whether the trainee has a single entry here or a full page.

You can use this system to similarly check whether the trainee has:-

- Sufficient Out of Hours entries
- Has completed an audit
- Has documented a Significant Event
- Has documented evidence of Child Protection, Level 1 & 2, Learning

PREPARATION FOR THE EDUCATIONAL SUPERVISOR'S REPORT

This is best done using the icons on the ePortfolio Educational Supervisors' page. Very IT clever people will have their own way of doing this but if you work down the links in order it should all come together very well.

Work Place Based Assessments

Review the quantity – Minimum Evidence

Minimum evidence must be submitted. Remember, if it says minimum evidence, it *must* be there. Anything less will result in a series of emails after the ARCP panels and assessment administrators demanding the evidence. There will in all probability be an adverse outcome permanently recorded on the ARCP screens. Trainees are told this from the moment they join the London training schemes. It is their job to produce the evidence and produce it on time. Things can get a little complicated sometimes.

Remember:

- CBDs all the way through
- mini-CEXs in secondary care posts
- COTs in primary care posts
- PSQs in ST1 or ST2 when the trainee has been on a primary care attachment and then in ST3
- CSR's from all secondary care posts but additionally from the trainer where the trainer and educational supervisor are different people.

Remember

- Part time trainees have to do exactly the same number of assessments per month as full time trainees, EXCEPT in regards to MSFs and PSQ's

Remember

- There is twice as much to do in the ST3 post as in the previous posts.

http://www.rcgp-curriculum.org.uk/mrcgp/wpba/minimum_evidence.aspx (RCGP 2010)

Specialty Training Year 1

- Minimums prior to 6 month review:
- 3 x COT or mini-CEX
 - 3 x CbD
 - 1 x MSF
 - DOPS
 - Clinical supervisors' reports,
- Minimums prior to 12 month review:
- 3 x COT or mini-CEX
 - 3 x CbD
 - 1 x MSF,
 - 1 x PSQ, if in primary care
 - DOPS
 - Clinical supervisors' reports,

Specialty Training Year 2

- Minimums prior to 18 month review:
- 3 x COT or mini-CEX
 - 3 x CbD
 - PSQ, if not completed in ST1
 - DOPS
 - Clinical supervisors' reports
- Minimums prior to 24 month review:
- 3 x COT
 - 3 x CbD
 - PSQ, if not completed in ST1

Specialty Training Year 3 (primary care)

- Minimums prior to 30 month review:
- 6 x CbD
 - 6 x COT
 - 1 x MSF
- Minimums prior to 34 month review:
- 6 x CbD
 - 6 x COT
 - 1 x MSF
 - 1 x PSQ

Specialty Training Year 3 (half primary and half secondary)

- Minimums prior to 30 month review:
- 6 x CbD
 - 3 x COT
 - 3 x mini-CEX
 - 1 x MSF
- Minimums prior to 34 month review:
- 6 x CbD
 - 3 x COT
 - 3 x mini-CEX
 - 1 x MSF
 - 1 x PSQ

Summary Screen

Use the icons on the left to find the "Evidence Screen".

| |
|---------------------|
| Summary |
| Learning Log |
| PDP |
| Evidence |
| Posts |
| Educators' Notes |
| Curriculum Coverage |
| Skills Log |
| Competence Areas |

The summary screen is important. When a trainee is working full time, the number counts with regards mini-CEX's, CBDs and COTs do work and are relevant to the ST level the trainee is working at. Check that the number of assessments in each of the categories matches the required number.

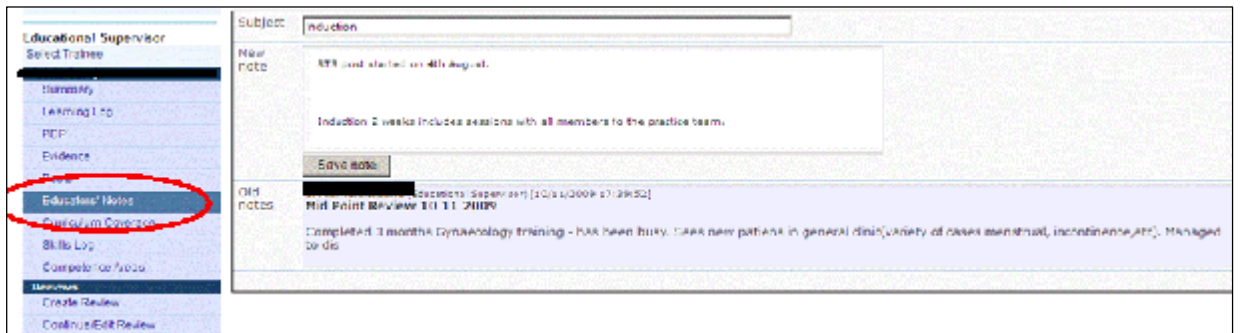
| Requirement | Completed | Minimum |
|--|-----------|----------------|
| 3 x mini-CEX or COT | 0 | 3 |
| 3 x CBD | 0 | 3 |
| DOPS (as appropriate) | 1 | As appropriate |
| Clinical supervisors' reports | 0 | 1 |
| PSQ (if in primary care and not yet completed) | 0 | 1 |

| Declarations | Sign by | Signed | Coinsigned |
|---|---------|------------|--------------------------|
| Probity: Professional Obligations | Trainee | Not signed | Not Required |
| Probity: Convictions and disciplinary actions | Trainee | Not signed | Not Required |
| Health: Professional Obligations | Trainee | Not signed | Not Required |
| Health: Regulatory and voluntary proceedings | Trainee | Not signed | Not Required |
| Educational Agreement | Trainee | Not signed | Sign now |

[Historical Declarations](#)

For ST3s make sure the OOH and CPR sections are all signed, alongside passes in the examination modules.

| Target | Progress | Achieved |
|---|--------------------|----------|
| AKT | Pass 27/01/2010 | ✓ |
| CSA | No results | - |
| Holds valid CPR and AED Certificate | Not met | X |
| Has met Out of Hours Session requirements | Not met | X |
| Reviews | Most recent: ST2+2 | Q |
| ARCPs | Most recent: ST2 | Q |



Educator Notes

This section may be used for a variety of reasons including:-

- Listing educational events, e.g. review meetings or tutorials, led by the trainer or other GP educators
- Recording professional conversations
- Additional information that may not appear elsewhere on the ePortfolio including global assessments
- Recording aspects of learning which one would hope may be recorded by the trainee in their learning logs

This section will be used to incorporate wider issues regarding the trainee, where these need to be documented and do not fit readily into other sections of the e-Portfolio.

START THE EDUCATIONAL SUPERVISOR'S REPORT

Find the icon: "Create Review" on the left side of the screen (1).

The screenshot shows the 'Setup' page for creating a review. On the left is a sidebar with a 'Reviews' section containing a '1 Create Review' button. The main form has the following fields:

- End of Review Period:** A date field containing '25/02/2011', circled in red with a '2' next to it.
- Type of Review:** A dropdown menu showing 'ST1', circled in red with a '3' next to it.
- During Post:** A dropdown menu showing '09/07/2010 to 06/05/2016 (AC-Surgery)D', circled in red with a '4' next to it.
- Location:** A dropdown menu showing 'Goldstone Medical Cent', circled in red with a '4' next to it.
- NOTES:** A text area containing the text: 'This review was planned for the 17th December but delayed twice, the first time because of personal illness and the second time because of an unanticipated rush of urgent clinical workload on the planned day', circled in red with a '5' next to it.

At the bottom of the form are 'Save' and 'Continue' buttons, with a '6' next to them.

In the "End of Review Period" box (2) should go the date on which the review period ends. Most often this is the date of the end of the current post – it is not the actual date of the review itself. When dealing with reviews ahead of the ARCP panels these will necessarily be before the end of the current post and thereby the date in this box will be later.

Make sure you have the correct career grade entered in the next box (3). Normally straightforward this can be a little complicated if the trainee has had gaps in training or has been part time. If you have any doubts ask the [ePortfolio](#) team to help you.

The location (4) should be straightforward but is obligatory. Notes (5) are optional and finally you are obliged by the system to firstly "save" and then "continue" (6).

At any time, in case of interruption, you can save your work but you will need to “continue” before the screens will automatically take you to the next stage.

For the review you will be obliged to complete the boxes at the bottom of the screen. These should make reference to the entries and be used to identify strengths and weaknesses and to motivate the trainee.

Review the skills log

There are 8 mandatory DOPs (Directly Observed Procedures) and a larger number of optional ones. I always believe it is best to encourage trainees to aim to complete all their DOPs across the three year programme but the 8 mandatory ones are an absolute and if not completed by the end your trainee will not be able to gain certification of completion of training.

Who can complete the observed assessment of a DOP?

The list is short and simple:-

A senior member of the clinical team in the department where they are working, but *not* relatives or friends, i.e.

- a consultant
- a senior departmental specialty trainee
- a senior departmental nurse

Using inappropriate people to sign off DOPS is very likely to result in a referral to the GMC which inevitably will have severe repercussions for the trainee’s career.

Furthermore, DOPs must be assessed in the work place and on patients, neither in simulation centres, nor on mannequins.

Check the DOPs by finding the “Skills Log” icon . Clicking on this should reveal the following screen.

DOPS should be assessed by senior clinicians with active experience of the procedure being undertaken. This may include nurse clinical specialists, nurse practitioners or practice nurses

| Skills Log | DOPS Present | Satisfactory DOPS | Rating | Comment | Trainee Self Rating | |
|---------------------------------|--------------|-------------------|--------------------------|---|---------------------|------|
| | | | | | Dated | View |
| Mandatory Skills 1 | | | | | | |
| Breast examination | 1 | 1 | Can perform unsupervised | I feel confident with breast examinations. I have had experience in carrying out breast examinations in this job. | 30/06/2010 | |
| Female genital examination | 2 | 2 | Can perform unsupervised | During 6 months of attending gynaecology, obstetric and gum clinics, I have had to perform numerous female examinations in each clinic. I feel that I can confidently perform a female genital examination without supervision. | 21/01/2010 | |
| Male genital examination | 0 | 0 | Insufficient evidence | | | |
| Rectal examination | 2 | 2 | Can perform unsupervised | | 29/01/2009 | |
| Prostate examination | 0 | 0 | Insufficient evidence | | | |
| Cervical cytology | 0 | 0 | Insufficient evidence | | | |
| Testing for blood glucose | 1 | 1 | Can perform unsupervised | Confident in testing blood glucose. | 28/05/2009 | |
| Application of simple dressings | 1 | 1 | Insufficient evidence | | | |
| Optional Skills 2 | | | | | | |
| Cryotherapy | 0 | 0 | Insufficient | | | |

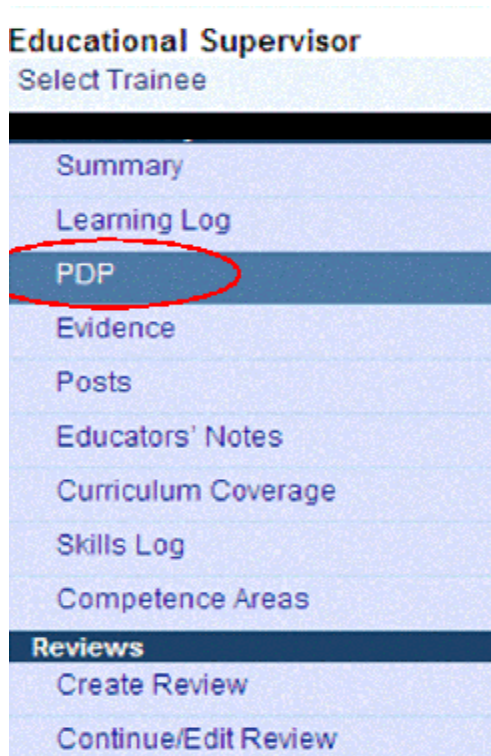
The “Mandatory Skills” (1) are the only ones which really matter and the “Optional Skills” (2) are just that – optional. However, make sure you review the first set of columns (3) to make sure that not only the DOPs have been completed but also that these have been done satisfactorily. The pink section of the screen is the trainee’s insight into their own abilities.

The boxes are again mandatory and the “continue” icon will again need to be used before the screens move to the next section.

| Skills Log Comments | |
|--|---|
| Given the trainee's current level of experience, please comment on their coverage of the mandatory skills. * | Jim has covered several of the DOPS and still has eighteen months to finish off and complete them all. All completed DOPS are to a satisfactory standard and I have every confidence the remainder will not present Jim with any insurmountable challenge. |
| On which skills does the trainee now need to focus their attention before their next review? * | The current A&E post finishes in a few weeks. For completeness I would like Jim to try on duty this as an opportunity to complete say I&D, Aspiration, Suturing and Application of a simple dressing. On the forthcoming O&G post Jim should be able to get further Mandatory DOPS related to women's health without trouble. |

Personal Development Plan - PDP

Trainees should be completing their PDPs for a variety of reasons. It demonstrates that they are able:-



- to uncover, discover and define their learning needs
- to prioritise learning
- to reflect on how their learning is progressing within the context of the GP Curriculum
- to reflect on how their learning needs arise, perhaps case based or as a result of informal chats and discussions
- to reflect on their learning and how they have managed their learning
- to map their actual learning against their priorities
- to recognise areas of personal strength and weakness using tools such as MSF
- to build on their current abilities and become increasingly effective
- to demonstrate they are truly competent in the competency area: "Maintaining Performance, Learning and Teaching" and the new GMC domains of "Good Medical Practice" (see appendix).
- to be fully ready to undertake the appraisal process for their lifelong careers.

PDPs should be started at the beginning of training with a learning needs analysis and reviewed by trainee and educational supervisor at least at every formal review but preferably every 3 months at mid post reviews. The PDP should be a manageable size. Ongoing entries picked up through the learning log should be worked at on a continuous basis and do not all contribute to the formal PDP.

PDPs should also be **SMART**:-

Specific: Goals should be well defined and precise.

Masurable: The PDP goals should be clearly defined so that you can recognise when they have been completed and achieved. They should additionally contain elements of measurable improvement.

Attainable: Goals must be realistic. There is no point setting a goal to win the Nobel Prize and win an Olympic Gold this year. Perhaps one but not both!

Relevant: learning needs should be identified as relevant to one's working environment but also to long term career aims.

Time Bound: Time scales should be set to ensure that goals are not forgotten and identified needs never addressed. It is perfectly acceptable to reset time scales but in this case there should be some reflection on how this came about.

At the final PDP at the end of the ST3 year, consider including with your trainee areas relevant to

Review of PDP

Viewing all from 25/02/2010 to 25/02/2011 [\[view active\]](#)

| Date | PDP Details ... | Achieved | Outcome | Action |
|---------------------------|-----------------|----------|---------|--------|
| There are no PDP entries. | | | | |

Review of PDP

Please comment on the quality of the PDP *

Please comment on the progress made towards agreed objectives *

Which objectives remain outstanding? *

Save
Continue

their impending transition to independent practice, including:-

- Dealing with employment uncertainty
- Working simultaneously for a variety of organisations across the primary care Portfolio
- Preparing for appraisal
- Maintaining Professionalism
- Maintaining knowledge and competence through gaps in service (e.g. maternity leave or other career breaks)

The London Deanery expects ST3 Trainees to demonstrate within their PDP a strategy for handling the transition concerns expressed above.

The London Deanery expects for all trainees a PDP which is updated at least every 3 months.

Obligatory completion boxes again appear which should be used to stimulate the trainee's learning as well as document the facts. Again you will need to use the "Continue" icon to proceed.

Review of Trainee Self Ratings

What the trainee documents about themselves is one of the most powerful tools in evaluating a trainee's abilities. Some very talented people consistently underrate themselves and need to be reassured they should rightfully have more confidence.

Competence Areas - Trainee

Trainees are asked to self-rate against the 12 professional competence areas. Exploring the self-rating is a useful starting point for the review discussion. In preparing for their educational review, trainees should rate their progression across the twelve areas of competence with reference to the evidence in their Portfolio – this will both aid their reflection skills and also allow educational supervisors to base their comments on the evidence offered.

Relationship

The doctor's ability to understand and develop human relationships principally with patients, families, colleagues and teams.

| Competence Areas | Rating | Dated | |
|---------------------------------------|--------|-------|---|
| Communication and consultation skills | | | Ⓜ |
| Evidence | | | |
| Actions | | | |
| Practising Holistically | | | Ⓜ |
| evidence | | | |

Conversely, others are over confident and feel they perform at a far higher level than is the reality. The trainee who demonstrates good insight into their weaknesses can be readily engaged and

The attitude that the doctor has about the responsibilities of the job, expressed through the level of respect and commitment demonstrated for people, professional guidelines and duties

| Competence Areas | Rating | Dated | |
|---------------------------------|--------|-------|---|
| Maintaining an ethical approach | | | Ⓜ |
| Evidence | | | |
| Actions | | | |
| Fitness to practise | | | Ⓜ |
| Evidence | | | |
| Actions | | | |

Continue

worked with to overcome these deficiencies and build a comprehensive strong profile of characteristics. A trainee who has no insight can be quite challenging.

Having studied their self ratings you will again need to use the “complete” icon at the bottom of the screen to be brought to the next stage.

entries, learning logs or assessments from which the competency information has been linked.

The London Deanery ARCP panels follow this pathway where they are sceptical of information presented in the summary and want to view the evidence upon which competency judgements have been based.

Further down on the same screen each competency is listed and this section allows you to record your comments and remarks on each. Your comments are a summative assessment of the trainee's ability to perform as an independent doctor licensed in General Practice. This requires careful and reasoned judgment and the rating you assign should be supported by evidence within the ePortfolio.

The competencies are grouped into four domains:-

- Relationship
- Diagnostics
- Management
- Professionalism

Each competency within each domain must be rated and commented upon. To complete a competency rating, find the line you wish to deal with(1) and use the icon on the right o the screen (2).

| Competence Areas | Rating | Dated |
|---------------------------------------|--------|-------|
| Communication and consultation skills | 2 | 2 |
| Evidence | 1 | |
| Actions | | |
| Practitioner holistically | | |

You will now be presented with a screen as below. At the top of the screen is a brief definition of the competency being reviewed (1). At the bottom of the screen are the word pictures providing the descriptors to lead you to support your rating (2).

In the centre of the screen you will see a drop down menu offering you the rating. There are 5 options (3). Only use “Competent” or “Excellent” for a doctor who can perform the role of a GP in this area independently and unsupervised. At all other stages of training, including a doctor who is progressing better than expected and excels above his peers may well have a long way to go before being able to perform alone, use the other rating options as appropriate (3).

The boxes (4) and (5) will need to be completed and should evidence the rating decision made. As with all other screens the comments will need to be saved (6) before it is possible to move on to the next stage.

A Competent doctor has a patient-centred approach, exploring the patient's ICE and the impact of the problem on the patient's life. S/he is flexible and efficient in achieving consultation tasks and works in partnership with the patient to negotiate appropriate management plans. The doctor explores the patient's understanding of what has taken place in the consultation.

Rating: NFD - Below Expectations **3**

Evidence to Support Rating: NFD - Below Expectations **4**

Please give examples of the most significant evidence from the tools and log entries

Previous Evidence from Last Review: No previous comment

Actions before next Review: **5**

6 Save Comment

| Communication and consultation skills | | | |
|---|---|--|---|
| This competency is about communication with patients, and the usual recognised consultation techniques. | | | |
| Insufficient Evidence | Needs Further Development | Competent | Excellent |
| From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale. | Develops a working relationship with the patient, but one in which the problem rather than the person is the focus. | Explores the patient's agenda, beliefs and preferences. Elicits psychological and social information to place | Engages the patient's perspective and concern when negotiating the management |

Entries in the comments box such as:-

- "There are no concerns here"
- "All good"
- "Good trainee"
- "Fine"

are not acceptable and the Educational Supervisor will inevitably be asked to review their comments. This delays the trainee's progression and is in every sense poor practice.

The standards expected would be along the lines:-

Evidence to Support rating

David has a very good rating from his PSQ survey. He clearly engages with his patients and is well liked. The COT we did in August 2010, at the beginning of his ST3 year was really very weak but subsequent COTs in September demonstrated a rapid learning curve. Indeed I was disappointed he only achieved 8 passes in the CSA as I was expecting a higher outcome. Nevertheless, in other WPBAs he has demonstrated this and that consistently including mini-cex's have normally been very good. His learning log entry on 15 December however crystallizes for me his ability to use a range of consultation skills not only to get to the heart of the diagnosis in his patient but then to reassure and manage the patient forward through complex, stigmatised and disabling medical illness.

Actions before next Review

| Competence Areas | Rating | Dated |
|---------------------------------------|---|-------|
| Communication and consultation skills | 1 | 2 |
| Evidence | <p>David has a very good rating from his PQD survey. He clearly engages with his patients and is well liked. The COT we did in August 2010, at the beginning of his ST3 year was really very weak but subsequent COTs in September demonstrated a rapid learning curve. Indeed I was disappointed he only achieved 8 passes in the CSA as I was expecting a higher outcome. Nevertheless, in other WPBAs he has demonstrated this and that consistently including mini-CEX's have normally been very good. His learning log entry on 15 December however crystallizes for me his ability to use a range of consultation skills not only to get to the heart of the diagnosis in his patient but then to reassure and manage the patient forward through complex, stigmatised and disabling medical illness.</p> | |
| Actions | <p>Now that examination pressure is removed David needs to continue to build his confidence and move from competent to excellent. He has the ability and can achieve it albeit he does not rate himself so highly. There are various methods in mind but I feel if he leads a couple of sessions with the Foundation (2) year doctors in the practice on this topic he will progress his own abilities.</p> | |
| Practising holistically | 3 | |
| Evidence | | |
| Actions | | |

Now that examination pressure is removed David needs to continue to build his confidence and move from competent to excellent. He has the ability and can achieve it albeit he does not rate himself so highly. There are various methods in mind but I feel if he leads a couple of sessions with the Foundation (2) year doctors in the practice on this topic he will progress his own abilities.

The saved comments now appear in the summary screen of Educational Supervisors ratings, together with the assigned rating (1) and date (2) and you can now move onto, and must move onto, the next rating.

| |
|----------------------------|
| Actions |
| Fitness to practise |
| Evidence |
| Actions |
| Save |
| Continue |

When all are complete there is again a "continue" option. However, if any are left uncompleted, a warning message will appear.

| | | | | | |
|--|---------------------|------------|---------------|----------------------------|------|
| Setup | Curriculum Coverage | Skills Log | Review of PDP | Competence Areas - Trainee | Comp |
| <p>You must fill in all the parts of the section: Data gathering and interpretation</p> | | | | | |

The Final Stage of the Review – Finishing

This is a long screen, of which the top two thirds incorporate comments and ratings from preceding screens. This is the opportunity to revise and edit any comments before completion.

| |
|--|
| <h2>Finish Review</h2> <p>Contents</p> |
|--|

The lower third demands more information and comments on:-

- Quality (1)
- Reflection (2)
- Mechanisms for improvement (3)

The headings of each section are fairly simple, demanding a summary of each of the sections looked at with the recommendations for how the trainee should focus their energies in the forthcoming period.

We expect Educational Supervisors to now comments that:-

- are realistic
- indicate where coverage of curriculum or skills respectively has been strong or weak
- point out what developmental needs have been identified.

This is the format of the life long learning that will be expected in the trainee's forthcoming career. Educational Supervisors should put thought into what goes here. You and your trainee will get as much out of the exercise as you put into it; if a series of bland statements are presented, this will have little impact.

The screenshot shows a form titled "Quality of Evidence Presented" with five numbered sections:

- Section 1: "Please comment on the range and quality of the evidence presented by the trainee." (with a "The Five" label on the right)
- Section 2: "Please comment on the degree of meaningful reflection shown in the learning log & PCP entries."
- Section 3: "How can the trainee improve the quality of evidence presented before their next review?"
- Section 4: "Recommendation of Educational Supervisor:" with a dropdown menu showing options: "Unsatisfactory progress", "None given", "Satisfactory progress" (highlighted), "Unsatisfactory progress Panel opinion requested", and "Out of Post".
- Section 5: "Agreed Learning Plan"

Crucially it demands a recommendation from the Educational Supervisor according to the options offered (4) and an agreed learning plan (5).

The key section on this area of the ePortfolio though is the drop down box:

"Recommendation of the Educational Supervisor".

By their nature, most trainees are satisfactory. However, there are those who are not, and this needs to be recorded.

This is one of the most vital parts of the whole exercise. During the course of educational supervision, which may extend over the entire three years of the trainee's programme or longer where the trainee has had career breaks or undertaken part time work, strong relationships can form. Sometimes these relationships can interfere with the documentation processes. It is not unusual to encounter situations where weaknesses are recognised and openly discussed between trainee and educator or trainee and supervisor but poorly documented.. This can mean that those involved in the (deliberately remote) ARCP process will not be aware of difficulties or concerns that may exist. This collusion between trainee and Educational Supervisor interferes with the entire review process and may have ramifications. A trainee who consistently fails to improve or fails to develop will not have the accumulated documentation that will facilitate the

provision of appropriate support by others who may subsequently become involved in their education and supervision.

The competencies must be rated and rated accurately.

Ultimately, it is the opinion of the Educational Supervisor that is most paramount in decisions about whether the trainee is fit to progress and later fit to be recommended for Certification of Completion of Training.

Some Educational Supervisors assume that some other part of the 'system', for example the CSA or the AKT, will identify to the Deanery a trainee who they know is weak and has additional needs. In these instances Educational Supervisors are reluctant to document the trainee's weaknesses themselves.

There are different reasons here. These include situations where the Educational Supervisors have strong reservations but are not confident they have enough evidence to make such a decision. Alternatively, they may be anxious that a negative remark or decision on a document may be challenged and may even result in litigation. Furthermore, they may be reluctant to take a decision to undertake such documentation because, despite having the evidence required, they are anxious about the impact which the potential outcome could have on their trainee's career. These trainees, however, will be let loose on the public!

Some Educational Supervisors seem to hope that rather than being frank, some sort of subliminal wording within the text of their documentation will be picked up by the ARCP panel, which will then declare the trainee as needing extra support, thus removing this burden of responsibility.

This simply won't happen.

If your trainee is weak it is imperative this is stated.

The ePortfolio provides a large body of evidence from many different sources about the trainee during the period of their program. It is the basis of the material on which the Educational Supervisor's Report is prepared and comments should be duly referenced against entries. If you are in a situation where you feel an unsatisfactory outcome is appropriate but are unsure of how this should be documented, or anxious that such documentation may result in a backlash against you, then share the problem with others. This could be shared perhaps with other members of the trainers' workshop or with your Programme Directors. Problem sharing can help both with difficult decision making and with difficulties and anxieties of documenting.

At the bottom of the screen:-

For finishers only, verification of CPR and AED certification and achievement of Out of Hours requirements (1).

Dates of the current review period to be inserted onto the boxes (2)

The screenshot shows a web form with the following elements:

- CPR And Out of Hours** (Section Header)
- Form fields: "Holds valid CPR and AED Certificate?" and "Has met Out of Hours requirements?". A red circle labeled "1" highlights the checkboxes for both fields, which are checked.
- Only for Final Review** (Section Header)
- Text: "I confirm this is an accurate description/summary of this trainee's learning portfolio, covering the time period from" followed by two date pickers. A red circle labeled "2" highlights the second date picker.
- Buttons: "Save" and "Complete & Submit". A red circle labeled "3" highlights the "Complete & Submit" button.
- Text: "Please create the next Review now (if appropriate stage of training)"

“Save”, if there has been an interruption or, otherwise, “Complete and Submit”. The review is now finished.

Finally, remind your trainee that an icon will now appear on their own ePortfolio screens requesting they electronically sign that they agree with the Educational Supervisor’s Report.

HOW TO REPORT THE TRAINEE WHO IS GIVING RISE FOR CAUSE FOR CONCERN

Educational Supervisor’s Reports are prepared every 6 months but the Deanery ARCP will review only every 12 months.

If your trainee is causing concern this must be stated on the ESR but, unless flagged up by you to the Deanery, the document may remain unnoticed.

If you have concerns about your trainee do use the rating scale on the ESR appropriately but let your Programme Directors know. It is their responsibility to take the lead and organise further evaluations of the trainee, and these evaluations may involve your input.

WHO CAN CARRY OUT AN ASSESSMENT?

- Case-based Discussions (CBD), and mini-Clinical Examinations (CEX) must be carried out by:

Clinicians who work in the trainee's work place:

Preferably consultants

Otherwise senior departmental specialty trainees

- Direct Observation Procedural Skills (DOPS) - the procedures, where possible, can be carried out by nursing staff who:

Work permanently in that department

Are senior nursing members of that department

- Consultation Observation Tools (COT) can only be carried out by a GP trainer in general practice.

- Clinical Supervisor Reports (CSR) can only be carried out by the allocated departmental consultant who is the trainee's clinical supervisor for the relevant post

- Educational Supervisor Reviews (ESR) can only be carried out by the GP Trainer who is allocated as the trainee's Educational Supervisor

- Multi-Source Feedback (MSF) can only be carried out by people working with the trainee in their clinical department. There are two types:

Clinicians can only be clinical staff working in their department

Administrative staff can only be people working within their current department

- Patient Satisfaction Questionnaires (PSQ) are only completed in general practice attachments (including ITP posts) and only on patients in that practice

QUALITY MEASUREMENT OF THE EDUCATIONAL SUPERVISORS REPORT

As with everything in medicine there is variation. There is a wide variability on the content and quality of the ESRs and one of the key aims of the assessment unit at the Deanery is to reduce and minimise this variability. We will henceforth be looking increasingly at the quality of the ESR as one marker of the effectiveness of Deanery educators as educationalists and aim, in the autumn, to give feedback on this to individuals.

The London Deanery organises the training and review process of all trainees. The RCGP has a large role in quality management of that process. The following table is from the RCGPs national feedback to all deaneries on the quality of ESR reports they have reviewed. If you look at this first, it helps make it clearer what is expected.

Unacceptable ESR

- The basis for judgements is not clear, i.e. they are not referenced to the evidence
- Where the judgements can be evaluated, they do not appear to be justifiable
- No comment is made on the current state and the progression of competence
- Suggestions for trainee development are inadequate in number and/or quality

Acceptable ESR

- Judgements are generally referenced to the available evidence
- Judgements appear to be justifiable
- The current state and the progression of competence are made clear
- Suggestions for trainee development are routinely made and appear to be appropriate.

We live in a culture of evidenced based medicine and are by and large comfortable and familiar with this terminology. The same goes for the assessment of progression of the trainee's competence. There must be evidence for this and it is the key role of Educational Supervisors, not only to review this evidence, but demonstrate by their entries, that they have reviewed the evidence in drawing their conclusions.

Other factors affect the quality of the ES in fulfilling his role as educator. One of these is the basic 'timeliness' of the ESR. The London Deanery is responsible for looking after over 1000 trainees across London. As much as the ePortfolio is the trainee's responsibility to complete and complete adequately, the ES is required to complete their reviews and complete them within certain time limits. Most Educational Supervisors clearly take this role seriously but others, while claiming the ES remuneration, have done so with seeming disregard for one of the key features of their role: deadlines.

The timings set by the Deanery for ARCP panels and completion and submission of evidence are not arbitrary. This allows plenty of time to define any requirements to satisfactorily sign up the trainee. The timings also allow for special arrangements to be made for those who are giving Cause for Concern.

Feedback to Educational Supervisors will be given.

PART TIME TRAINEES, MATERNITY LEAVE AND OUT OF POST REVIEWS

This all gets very confusing in terms of timing and amount of evidence that is needed. As much as this section tries to clarify the situation, we admit it is not always easy and very often it will be best to speak to the Assessment Team to go through individual trainee's needs.

All trainees **MUST** be reviewed by an ARCP panel once a year from when they start their training, regardless of full or part-time status and regardless of any reasons for leave like maternity or sickness. The Deanery uses a database of all trainees and every effort is made to keep this up to date continually but because of the numbers of people being reviewed this is not always possible. If there are any changes in your trainee's circumstances please do let the Deanery know.

So:

- Trainees will be reviewed once a year
- They will be reviewed again when they are changing grade from ST1 to 2 to 3.
- They will be reviewed again if their completion of training date and the point in their career where the Deanery would be expecting to recommend a Certificate of Completion of Training is more than 2 months after any previous review.

For each review, an Educational Supervisor's Report is needed. For trainees who are on leave, say maternity leave, at the time of their panel, the report must simply be labelled "Out of Programme". For everyone else a full report is needed.

The Deanery will make every effort to be flexible and pragmatic, and will try to minimise the need for reports which are overly close to each other. If you should feel this is the case with your trainee then please discuss this with the assessment team who will do their best to arrive at a solution.

Part time trainees must:-

Complete the same number of Work Place Based Assessments every 6 months, page 15.

Complete the same number of Learning Log entries per week.

PUBLIC HEALTH TRAINEES

Public Health Trainees will normally find it difficult to complete mini-cex assessments in their posts. The London Deanery is sensitive to this but requires the trainees to complete their mini-cex assessments in the other six-month attachment of their specialty training year.

Public Health Trainees will normally find it difficult to complete Clinical Encounter Learning Log entries. The London Deanery is sensitive to this and will expect trainees here to complete at least two entries a week across a variety of categories.

| | |
|---|--|
| Attribute 3 Keep clear, accurate and legible records | effectively Attribute 3 Establish and maintain partnerships with patients |
| Domain 2 – Safety and Quality | Domain 4 - Maintaining Trust |
| Attribute 1 Put into effect systems to protect patients and improve care Attribute 2 Respond to risks to safety Attribute 3 Protect patients from any risk posed by your health | Attribute 1 Show respect for patients Attribute 2 Treat patients and colleagues fairly and without discrimination Attribute 3 Act with honesty and integrity |

APPENDIX 2

Checklist for ST1 and 2 trainees for prior to a panel:

| |
|--|
| GP ARCP – Annual Review of Competence Progression panels Requirements prior to final review/panel: |
| <input checked="" type="checkbox"/> All minimum evidence required See RCGP website for info: http://www.rcgp-curriculum.org.uk/nmrcgp/wpba/minimum_evidence.aspx |
| <input checked="" type="checkbox"/> At least 1 Patient Satisfaction Questionnaires if you have done any GP practice training – including an ITP post. |
| <input checked="" type="checkbox"/> OOH (captured in Learning Log) required for GP/ITP posts (pro rata). |
| ES Review (6 monthly completed prior to panel) |

| |
|---|
| <input checked="" type="checkbox"/> Required ES Reviews (all electronically countersigned by you, the trainee). |
| <input checked="" type="checkbox"/> Learning log up-to-date (at least one per week) and good curriculum coverage (linked from learning log). |
| <input checked="" type="checkbox"/> Educational supervisor to link learning log entries to appropriate professional competences. |
| <input checked="" type="checkbox"/> Self-assessment of competence ratings up-to-date. |
| <input checked="" type="checkbox"/> Educational supervisor to update competence ratings including detailed comments. |
| <input checked="" type="checkbox"/> PDP updated. |
| <input checked="" type="checkbox"/> Signed declarations and contract (for each individual post) Your educational supervisor is required to electronically countersign the educational contract for each individual post. |
| Notes: |
| <input checked="" type="checkbox"/> Please make sure any unsigned previous ARCP forms are electronically signed. |
| <input checked="" type="checkbox"/> Out of programme reviews should be done by Ed Supervisor while the trainee is away on mat leave. The trainee does not contribute to these reviews. |
| <input checked="" type="checkbox"/> Please check all of the posts listed on your eportfolio and ensure that they are correct. |
| <i>Please note that if the above evidence is not completely up-to-date, your ARCP panel outcome may be 'unsatisfactory' due to missing evidence.</i> Please email any queries to the GP Assessment Team at eportfolio@londondeanery.ac.uk |
| <i>Many thanks and kind regards, The GP Assessment Team</i> |

APPENDIX 3

Checklist for ST3 trainees for prior to a final panel:

| |
|---|
| GP ARCP – Annual Review of Competence Progression panels Requirements prior to final review/panel: |
| <input checked="" type="checkbox"/> All minimum evidence required - See RCGP website for info: http://www.rcgp-curriculum.org.uk/nmrcgp/wpba/minimum_evidence.aspx |
| <input checked="" type="checkbox"/> At least 2 Patient Satisfaction Questionnaires if you have done more than 12 months in GP practice training – including an ITP post. |
| <input checked="" type="checkbox"/> 8 Mandatory DOPS. |

| |
|--|
| <input checked="" type="checkbox"/> CPR Certificate (captured in learning log signed off by ES on final ESR). |
| <input checked="" type="checkbox"/> Child Protection certification (course) – captured in learning log |
| <input checked="" type="checkbox"/> OOH (captured in Learning Log and signed off by ES on final ESR) – these will also be required for ITP posts (pro rata). |
| <input checked="" type="checkbox"/> AKT Pass. |
| <input checked="" type="checkbox"/> CSA Pass. |
| ES Review (6 monthly completed prior to panel) |
| <input checked="" type="checkbox"/> Required ES Reviews (all electronically countersigned by you, the trainee). |
| <input checked="" type="checkbox"/> Learning log up-to-date (at least one per week) and good curriculum coverage (linked from learning log). |
| <input checked="" type="checkbox"/> Educational supervisor to link learning log entries to appropriate professional competences. |
| <input checked="" type="checkbox"/> Self-assessment of competence ratings up-to-date. |
| <input checked="" type="checkbox"/> Educational supervisor to update competence ratings including detailed comments. |
| <input checked="" type="checkbox"/> PDP updated. |
| <input checked="" type="checkbox"/> Signed declarations and contract (for each individual post) |
| Your educational supervisor is required to electronically countersign the educational contract for each individual post. |
| Notes: |
| <input checked="" type="checkbox"/> Please make sure any unsigned previous ARCP forms are electronically signed. |
| <input checked="" type="checkbox"/> Out of programme reviews should be done by Ed Supervisor while the trainee is away on mat leave. The trainee does not contribute to these reviews. |
| <input checked="" type="checkbox"/> Please check all of the posts listed on your eportfolio and ensure that they are correct. |
| <i>Please note that if the above evidence is not completely up-to-date, your ARCP panel outcome may be 'unsatisfactory' due to missing evidence.</i> |
| Please email any queries to the GP Assessment Team at eportfolio@londondeanery.ac.uk |